

Work Order ID: 93242

93242

Page 1

November-15-12 10:22:24 AM

Item ID: 646.3110

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Channel

Start Date: 11/22/12 Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan: MUS

Date: 12-11-15

Tooling:

Date:

Run

Start

NR1



QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr								
----------	--------------	--	--	--	--	--	--	--	--

100 *100* Bandsaw Jeaspa Bandsaw	N/C	0.00				10	1		
BAND SAW									
	Memo	0.00							
Cut Blank at 15.00"									

110 *110* HAAS I HAAS CNC vertical machine #1	HAAS CNC VERTICAL MACHINING #1	0.00				10	1		
HAAS CNC VERTICAL MACHINING #1									
	Memo	0.00							
1-Machine per folio FB145									
DWG REV: <u>V/C</u>									
FOLIO REV: <u>AA</u>									

2- deburr and break all sharp edges

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS				
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____	Scrap <input checked="" type="checkbox"/>	Machining <input checked="" type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data	12-12-30	110	1	overall width to thin .005 under tolerance (Part has been replaced)	DAS 16 9-89 QS7042 13113	Lowered origin on 2nd op instead of raising it. SCRAP + Design Replace at +1 m 124079	12-12-30		DAS 16 9-89
Equip/Tooling				R.L. operator move orgin wrong way.					
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General								
Bending	Bend	Grain	Ovalized	Pressure/Forced					
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure					
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld					
Crushed/Crimped	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled					
Cuffs	Contamination	Maintenance	Part Moved						
Heat Treat	Countersink	Mislabeled	Positioned Wrong						
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge						
Ripples in Bend	Drill Holes	Offset	<input checked="" type="checkbox"/> Other						
Torque Waves in Extrusion	Drawing	Out of Calibration							
Turning Sequence	Finish	Out of Sequence							
Wave/Twist in Tube	Folio	Outside Dimensions							

Work Order ID 93242

November-15-12 10:22:24 AM

93242

Page 2

Item ID: 646.3110

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Channel

Stop

NS2

Start Date: 11/22/12 Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

12/12/31

10

1

120

QC

Memo

0.00

Quality Control

130

QC8- Inspect parts - second check

0.00

12/01/03

10

4

DAS
08
9-02

130

QC

Memo

0.00

Quality Control

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

12/03/21 (10)

140

Outsource4

Outsource process - Anodize

Memo

Issue P/O:

19391
Black Anodize as per Dwg 646.9700

0.00

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>							
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>								
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

Work Order ID 93242

November-15-12 10:22:24 AM

93242

Page 3

Item ID: 646.3110

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Channel

Start Date: 11/22/12 Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

150

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

10X

SP

13-4-02

155

155

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

DAS
21
1342

10

160

160

SprayPaint

Spray Painting

Spray Painting per QSI005 4.2

0.00

Memo

0.00

PRIME AS PER DWG, SEE NOTE #2

CARDINAL 4860-50 PRIMER BATCH: 125243

10

SP/mt

13-05-6

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>					
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

Work Order ID 93242

93242

Page 4

November-15-12 10:22:24 AM

Item ID: 646.3110

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Channel

Stop

NS2

Start Date: 11/22/12

Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

170

QC14- Inspect Spray Paint

0.00

DAS

B105/13

0.00

(X10)

170

QC

Quality Control

180

Identify as per dwg & Stock Location: ST540 0.00

0.00

Memo

Memo

10x

SP
13-5-13

180

Packaging

Packaging

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

190

QC21- Final Inspection - Work Order Release

0.00

0.00

Memo

13/5/13

190

QC

Quality Control

MF
13-5-13

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS											
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>									
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>									
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>									
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
														<input type="checkbox"/> Other	

Picklist Print

November-15-12 10:22:23 AM

Page 1

Work Order ID: 93242

Parent Item: 646.3110

Parent Item Name: Channel

Start Date: 11/22/12

Required Date: 12/07/12

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A NEW ISSUE 12-10-24 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M7075T6B1.500X1.500

7075 T6 BAR 1.500 x 1.500

Purchased

No

f 11.3420

13.157895

~~13.157895~~
14.500

12/12/29

Location	Loc Oty	Loc Code
----------	---------	----------

MAT008 11.342

118400 0.5

123610 10.842

→ 124030

→ 124079

~~13.157895~~
12.500

12.000

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

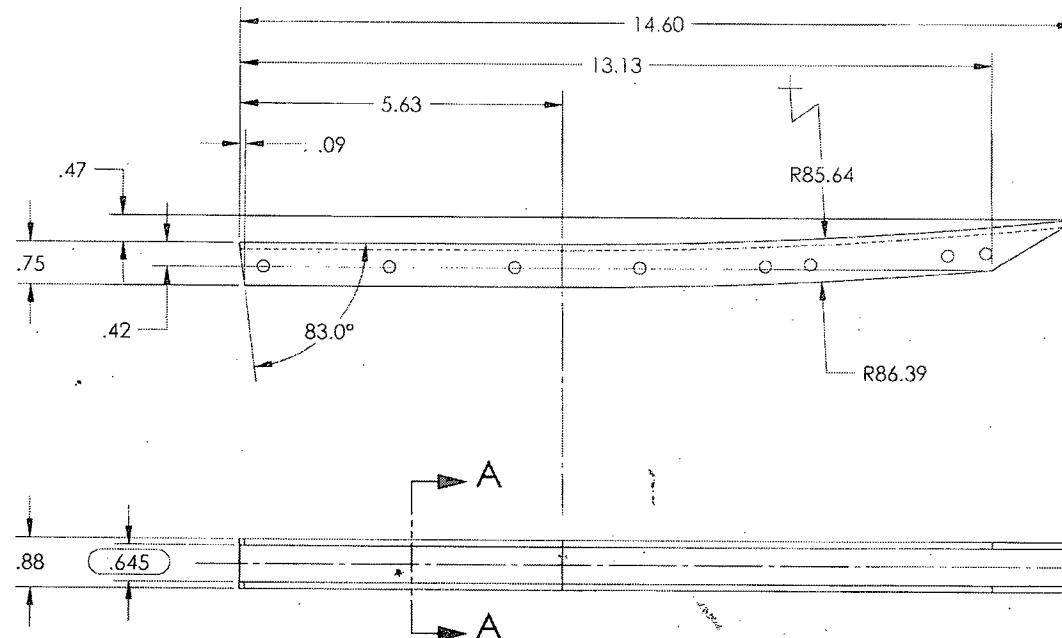
QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear			General							
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced		
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure		
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld		
Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled		
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>			
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>			
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>			
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Other	<input type="checkbox"/>			
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>			
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>			
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>			

NOTES:

MATERIAL: ALUMINUM 7075-T651 AMS-QQ-A-225/9

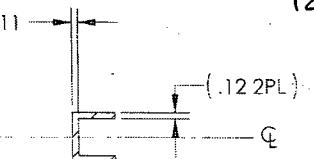
1. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER; PRIME IAW MIL-P-23377J TYPE I CLASS N
2. DEBURR AND BREAK ALL SHARP EDGES
3. IDENTIFY IAW MPP-120



646.3110

SHOP DRAW
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 193242 MLJ

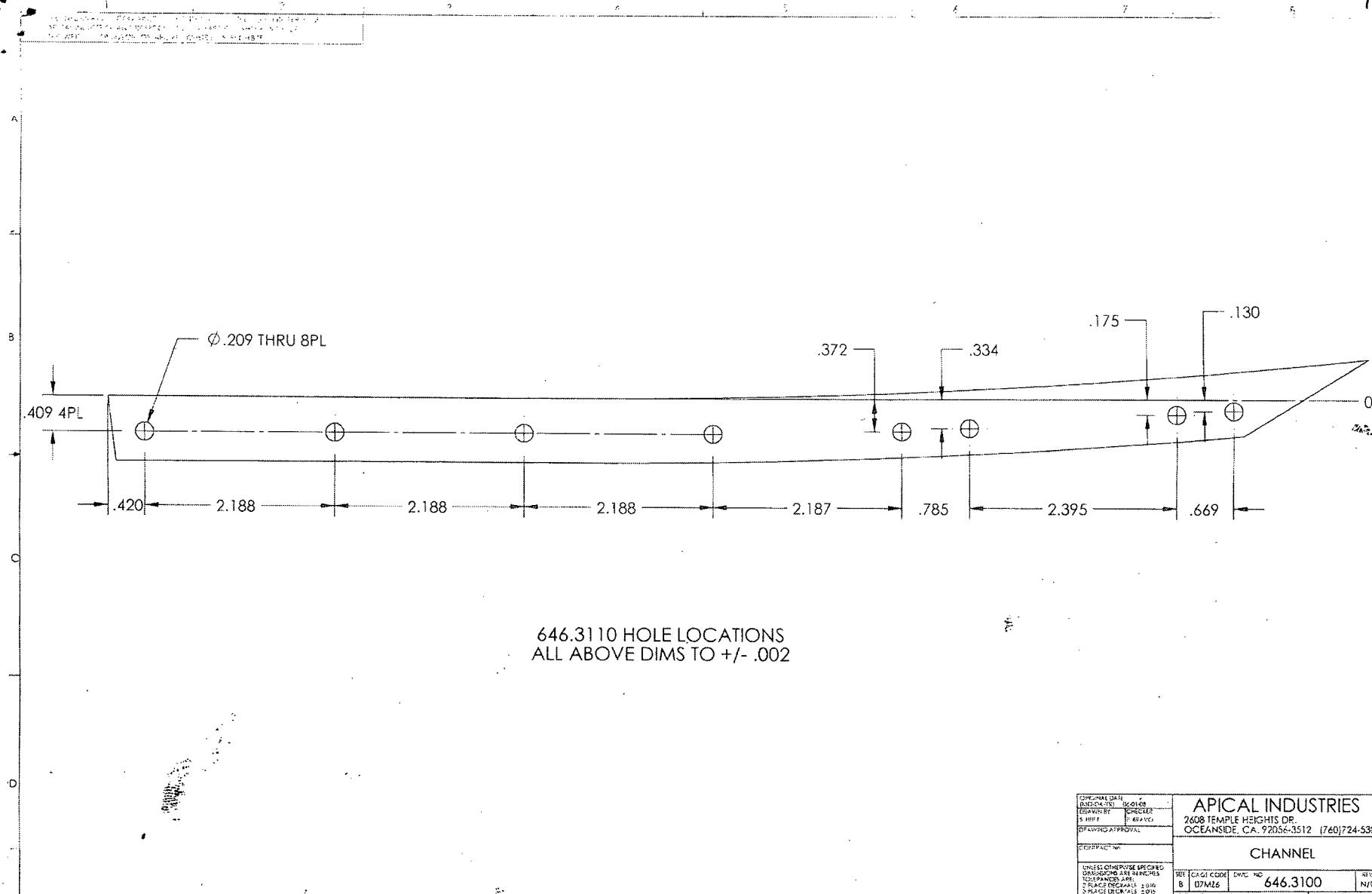
12-11-15



SECTION A-A

	FIND #	PART #	CHANNEL	MATL	SPEC.
QTY	PARIS LST				
	ORIGINAL DATE	06-01-04			
	DRAWN BY	CHECER			
	S.H.UH	P BRAVO			
	SPRING APPROVAL	BB			
	06-01-04 BRAVO				
	COMPUTER ED				
	APICAL INDUSTRIES				
	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300				
	CHANNEL				
	UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES PRINTED DRAWINGS 12/03 STANDARD DRAWINGS 12/03 AMERICAN STANDARDS ASME ASME Y14.5M-1994	SH	CAGE CODE	DOC. NO.	REV.
		B	07MAZ6	646.3100	N/C
			SCALE NONE		SHEET 1 OF 2

93842



DRAWING NO. 646.3100	APICAL INDUSTRIES
DRAWN BY CHECKER	2608 TEMPLE HEIGHTS DR.
S.H.P. 1/6/04	OCEANSIDE, CA 92056-3512 (760)724-5300
DETAILED APPROVAL	
CORPORATE	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES STOCK LENGTHS PLACE DECIMALS +000 SHEET 1 OF 2	
REV. B 07M26	DATE 646.3100 N/C
SCALE NONE SHEET 2 OF 2	

DART AEROSPACE LTD	Work Order:	93242
Description: Channel	Part Number:	646.3110
Inspection Dwg: 102 646.3100	Rev: N/C	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
14.60	+/- .010	14.597	✓		Height Gauge	
13.13	+/- .010	13.122	✓		"	
.47	+/- .010	.475	✓		"	
.75	+/- .010	.751	✓		SL08 Vern	
R85.64	+/- .010	85.64	✓		—	
83°	+/- .5°	83°	✓		Protractor	
R86.39	+/- .010	86.39	✓		—	
.88	+/- .010	.876	✓		SL08 Vern	
.645	+/- .005	.648	✓			
.11	+/- .010	.110	✓			
.12	+/- .010	.116	✓			
.409	+/- .002	.400	✓			↓
.420	+/- .002	.4185	✓		Height Gauge	
2.188	+/- .005 .002	2.1875	✓			
.785	+/- .005 .002	.785	✓			
2.395	+/- .005 .002	2.395	✓			
.669	+/- .005 .002	.668	✓			
.130	+/- .005 .002	.129	✓			
.175	+/- .005 .002	.174	✓			
.334	+/- .005 .002	.333	✓			
.372	+/- .005 .002	.371	✓			
Ø.209	+ .005/- .001	.211			Gauge Pin	

Measured by:		Audited by:	B.A 08	Preliminary Approval:	
Date:	12/12/30	Date:	13/01/03	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62289

Date: 28-Mar-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	Rev:
1 lot	Part: ASST 8 PCS 646.3010 8 PCS 646.3011 <u>10 PCS 646.3110</u> 20 PCS 646.3310 20 PCS 646.3311 7 PCS 646.3410 6 PCS 646.3411 20 PCS 646.3810 21 PCS 646.3812 6 PCS 647.1912 3 PCS 647.1818 2 PCS 647.1915 5 PCS 647.2201 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20130184	
	PO: 19391	Line:
	Certificate of Conformance	
	A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.	
	ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY	
	DATE <u>28/3/13</u>	
	CERTIFIED SIGNATURE : <u>M</u>	
	RECEIVER SIGNATURE :	